

| POSITION                  | INITIALS  | ID NO. | DATE    |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION         | <i>mg</i> |        | 3/9/00  |
| O.I.P.E. CLASSIFIER       | <i>nm</i> | 68231  | 5-10-00 |
| FORMALITY REVIEW          |           |        | 5-04-00 |
| RESPONSE FORMALITY REVIEW |           |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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